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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-------------------|
| Application Number | 10/617,358 |
| Filing Date | 11 July 2003 |
| First Named Inventor | Pilliar et al. |
| Title | Method...Polymers |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 14396 |

I hereby appoint:

☒ Practitioners at Customer Number:

000293

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|--------------------|---------------------|
| Ralph A. Dowell | 26868 |
| Lynn C. Schumacher | 36413 |
| Nancy E. Hill | 41564 |
| Wendy M. Slade | 53604 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| | | | | | |
|---|--|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Ralph A. Dowell DOWELL & DOWELL, P.C. | | | | |
| Address | Suite 309 | | | | |
| Address | 1215 Jefferson Davis Highway | | | | |
| City | Arlington | State | VA | Zip | 22202 |
| Country | US | | | | |
| Telephone | 703 415 2555 | Fax | 703 415 2559 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | | |
|-----------|------------------|--|-----------|--------------------|
| Name | J. Paul Santerre | | | |
| Signature | | | | |
| Date | July 23/03 | | Telephone | 416-979-4903 x4341 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---------------|--|--|
| Name | Jenshong Hong | | |
| Signature | ✓ [Signature] | | |
| Date | ✓ July 23, 03 | | |
| Telephone | ✓ 46-978-2942 | | |

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|-----------|-------------------|-----------|--------------|--|--|
| Name | Robert M. Pilliar | | | | |
| Signature | | | | | |
| Date | 23/07/03 | Telephone | 416 483 7134 | | |

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